

## Frequently Asked Questions (FAQ's)

AB495/C-CHIP Forum

September 2, 2004

- Q. Will the application document be available electronically?  
A. *Yes. It will be available on the MRMIB and the IHP web sites.*
- Q. How many copies of the application are required for submittal?  
A. *If an electronic copy is submitted, then it needs to be followed up with a hard copy with original signatures. If only hard copies are to be submitted, then submit one with original signatures and two copies.*
- Q. Who are the original AB 495/C-CHIP counties?  
A. *The counties of Santa Clara, Alameda, San Mateo and San Francisco*
- Q. Has any thought been given to expanding HFP to 300% of FPL to include AB 495 population or for the counties to come together and pursue it as unit?  
A. *Each county has a different level of interest and different priority levels for what they would be willing to do. Variation in counties' readiness and strategic interests make a truly statewide approach difficult.*
- Q. How do local initiative funds become characterized as "county dollars"?  
A. *Any money (from health plans or any other source) that may have been Federal to begin with, stays Federal and cannot be matched. Additionally, if a county is going to use General Funds, it must identify the tax funding source, in order to insure that they are not matching with federal dollars.*
- Q. What is the proposed timeline for the second AB 495 SPA?  
A. *August – September: MRMIB will respond to counties that are interested in participating in the next SPA  
October 1: Targeted deadline for applications  
October – November: MRMIB will review and analyze applications  
December – January 2005: MRMIB will draft the new SPA  
March 2005: MRMIB will submit new SPA*
- Q. How close to implementation does a county have to be in order to submit an application?  
A. *If the county is at the stage of negotiating with a health plan, then they are far enough along to submit an application.*
- Q. Does the Health Plan have to be appropriately licensed for the county to qualify for AB495/C-CHIP?  
A. *Yes.*

- Q. Where can we get information on what was submitted in the original AB495/C-CHIP SPA?
- A. *On the CMS web page at <http://www.cms.hhs.gov>*
- Q. Can a county present two options in an application, to possibly expedite the review process? In case one option was rejected by CMS, MRMIB would not have to come back and start from scratch with the county.
- A. *That would be a possibility, however the sponsoring entity has many responsibilities including contracting with MRMIB and administering all of the IGTs.*
- Q. Can the Healthy Kids program be split so that the First 5 Commission is administering the S-CHIP eligible program and have a separate entity administer the rest of the program?
- A. *That could be proposed as an option, but the State is to be held harmless in terms of federal auditing. If funds which have been matched are later disallowed, the sponsor at the county level is fiscally responsible.*
- Q. Can First 5 be a sponsor, since they are not explicitly named in AB495?
- A. *AB 495 identified a County Agency, a Local Initiative (LIs), or a County Organized Health Systems (COHS) as an “applicant”, however, the later two have been eliminated by CMS.*
- Q. Does a separate administrative system have to be set up just for the AB495/C-CHIP program?
- A. *The Healthy Kids program does not have to set up separately for AB495/C-CHIP-eligible children. CMS understands that the application, for instance, is for the full Healthy Kids program, including non- S-CHIP eligible, but counties are only requesting matching funds for S-CHIP eligible kids.*
- Q. With regard to plan benefits, if dental benefits are being provided as a direct service by the county (not an insurance product), could that be proposed as a deviation?
- A. *Yes, but still subject to CMS approval.*
- Q. What information needs to be provided regarding AB 495/C-CHIP contracts?
- A. *Applicants have to fully describe the relationships between counties, sponsors, funders, health plans, etc. For instance, with the original four counties they all ended up being the sponsor for their programs. MRMIB will need to know the relationship between the county and the provider of service, i.e. health plan.*
- Q. Are the counties requesting funding for AB 495/C-CHIP outreach?
- A. *Yes, counties can claim up to 10% of their benefit costs for administration and outreach. However, if you contract out outreach, you will need to thoroughly describe the process of who is conducting the outreach and outreach activities being conducted.*
- Q. Can a County with a health plan that is not Knox-Keene licensed be eligible for AB495/C-CHIP funds?
- A. *No. Health Plans must have Knox-Keene licensure to be eligible to participate in AB495/C-CHIP matching funds.*

- Q. Can “realignment” revenues be used?  
A. *The applying County will need to give a complete description of what has been “realigned” and what the original source of funds was. This would be subject to federal review and approval.*
- Q. Do capitation rates have to be included in the application?  
A. *The capitation rates that will be identified in all contracts, including those for medical, dental, vision, and mental health, will have to be included in the application.*
- Q. What renewal information has to be submitted?  
A. *Counties will need to describe details such as how often the renewal process will occur and whether the renewal package will be pre-printed.*
- Q. What kind of coordination will be required? Is it the same as HFP? Can the Health-e-app be used?  
A. *The county will need to describe how they will refer ineligible children to MediCal or HFP at initial application and renewal.*
- Q. Can Health-e-App be used for renewals and/or referrals from Healthy Kids to MediCal or HFP?  
A. *No, not at this time. Health-e-App can only be used for initial applications.*
- Q. Will Health-e-App screen children to Healthy Kids based on immigration status?  
A. *No, not at this time, a child would be screened for MediCal for emergency services only. This is an area MRMIB needs to review.*
- Q. How far back can a County go in order to claim matching funds?  
A. *MRMIB received clarification from CMS that federal claiming would be from the date the SPA was filed. There is a federal regulation that addresses this and is related to the source of funds issue.*
- Q. What if the provider network is not in place at the time the application is submitted?  
A. *A full list of the possibilities, including the full plan must be submitted.*
- Q. Is it possible for the State to do a blanket SPA for all counties?  
A. *CMS is extremely concerned about the source of funding for each individual county, since it will be different in each case. This would preclude a blanket SPA approval.*
- Q. What if the County is anticipating setting a cap or establishing a waiting list?  
A. *A detailed explanation of how the cap or a waiting list is to be managed will have to be included in the application*